Schedule E)	PAGE 1 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination
	12 04 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	60.00
Shreveport LA 71119	Transaction ID : 41ed3722-c7ea-4490-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	12
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554408.80	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Lilly Green	12
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	64.20
Shreveport LA 71119	Transaction ID : f5ca3fec-cd8a-4c42-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	12 / 04 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554408.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUPTOTAL of Itamizad Indopendent Expanditures	424.20
(a) SUBTOTAL of Itemized Independent Expenditures	124.20
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	12 06 2014
Signature	

Schedule E)	LIVI EXI EIVE	ITOTILO		PAGE 2 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Susan K Hamby			12	04 2014
Mailing Address 202 Violet St			Amount	
City	State	Zip Code		35.00
West Monroe	LA	71292		ID: bd041288-bb47-4acf-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Susan K Hamby			12	04 2014
Mailing Address 202 Violet St			Amount	
City	State	Zip Code		6.15
West Monroe	LA	71292		ID: 9cc7888d-a822-4eb0-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12 M	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	554408.80	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expend	itures			41.15
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· >	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014

Schedule E)	NI EXI END	TOTILO		PAGE 3 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Jeanne Tribou			M 12	
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		60.00
Mandeville	LA	70471		tion ID: 3a69f4c2-17f5-4bb9-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1:	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	554408.80	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Jeanne Tribou			M1:	
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		11.10
Mandeville	LA	70471		ion ID : 7f2d33ae-35b4-4e6c-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	554408.80	Disbursement F 2014 Othe	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			71.10
, ,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		2014
•				

Schedule E)	VI EXI END	ITOTILO		PAGE 4 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Warren Gravois			I	12 04 7 2014
Mailing Address 16005 7th St			Amou	nt
City	State	Zip Code		45.00
Pearlington	MS	39572		action ID : acaa6ed0-0f77-416d-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	TV	12 04 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	;	554408.80	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Warren Gravois				12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16005 7th St			Amou	nt
City	State	Zip Code	— I.	18.90
Pearlington	MS	39572		ction ID : 028d8ac3-b9e8-4b33-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		12 04 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	554408.80	Disbursemer 2014 C	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			63.90
			,	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. •	4 4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•				

Schedule E)	IVI EXI END	ITORES		PAGE 5 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Krista J Smith			12 N	04 / 2014
Mailing Address 41176 Bertville Rd			Amount	
City	State	Zip Code		25.00
Gonzales	LA	70737		ID: f569b288-b35c-4244-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	554408.80	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Krista J Smith			M = M 12	04 2014
Mailing Address 41176 Bertville Rd			Amount	
City	State	Zip Code		5.13
Gonzales	LA	70737		D: 768dd026-045d-4e34-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	554408.80	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ıres			30.13
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	72 1 72 1
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 / 06	2014
•				

Schedule E)	IN EXIEND	THORIES		PAGE 6 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			12 /	04 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		D: ef714bbc-fc67-41ca-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	554408.80	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			12	04 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		56.40
Shreveport	LA	71104		D: c9e74d96-4168-4e64-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554408.80	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			136.40
			7	7 -
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 / 06	2014
· ·				

Schedule E)	INT EXI END	II OILEO		PAGE 7 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Noah J Smith			M 12	
Mailing Address 41174 Bertville Rd			Amount	
City	State	Zip Code		25.00
Gonzales	LA	70737		ion ID : 37dfd4a1-cf0b-427c-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For 2014 Other	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Patricia F Arnold			12	
Mailing Address 1117 Clipper Dr			Amount	
City	State	Zip Code	— II	22.00
Slidell	LA	70458		on ID : 7dae2922-9d5d-4550-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-55	554408.80	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			47.00
, ,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· .	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-				

Schedule E)	EXI END			PAGE 8 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			М	" M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	<u> </u>
Full Name of Payee Patricia F Arnold				of Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr			— L	12 04 2014
			Amou	nt
City	State	Zip Code		2.22
Slidell	LA	70458		action ID: 77620059-eb31-41c6-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	12 04 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	ξ	554408.80	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Tammay Williams			N.	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			L	12 04 2014
OZTIV. I Hour St			Amou	nt
City	State	Zip Code		80.00
New Orleans	LA	70116		oction ID: 706b920d-2c72-4fba-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	N	12 / 04 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursemen 2014	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures.			· •	82.22
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(c) TOTAL Independent Expenditures				
(9) 10 112 1100p010011			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INI EXPEND	ITOTILO		PAGE 9 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M /	Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	04 2014
City	State	Zip Code		15.00
New Orleans	LA	70116		D: cdcea27d-4961-4a27-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	554408.80	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Antoinette Franklin			12	04 / 2014
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70188		D: 24e2b452-9cf5-4631-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	tures		.	95.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
			-	7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014
•				

Sc	chedule E)	VI LIVE	TOTAL O				PAGE 10 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
— Che	eck if X 24-hour report 48-hour report	New repo	ort Ar	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
J		14044 1065		illeriae repe	7111100 0.1		
	Full Name of Payee Antoinette Franklin				Date	e of Publi	c Distribution/Dissemination
	Mailing Address 8822 Apple St				Am	ount	
ŀ	City State	ie	Zip Code				80.00
	New Orleans LA		70188				ID: 8b6c240a-c09e-4daf-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M M M 12	04 2014
Ì	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	5	554408.80		Disbursem 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
	Heather A Smith					M = M	/ D D / Y Y Y Y Y
1	Mailing Address 995 Clairborne Rd					12	04 2014
	995 Claliborne Ku				Am	ount	
Ì	City State	te	Zip Code				38.00
	Calhoun LA	.	71225				D: 58b897be-fe47-48e3-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			12	04 2014
ı	Name of Federal Candidate			Support	Office Sou	ight:	House District: 00
	Ms. Mary L Landrieu			Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		554408.8	30	Disbursem 2014	ent For: Other (sp	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures				·· •		118.00
((b) SUBTOTAL of Unitemized Independent Expenditures				·· •		7 1 4
((c) TOTAL Independent Expenditures						
٧	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M	/ 06	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	INT EXI END	ITOTILO		PAGE 11 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Heather A Smith			Date of I	Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd			Amount	2014
City	Ctata	Zin Code		40.50
City Calhoun	State LA	Zip Code 71225		10.50 tion ID : a1ac0750-44af-4dc5-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	554408.80	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶
Full Name of Payee Alice K Salazar			M	
Mailing Address 605 W Houston St			Amount	2 04 2014
City	State	Zip Code		80.00
Marshall	TX	75633		on ID : 124da333-af0b-4c8f-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	554408.80	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	90.50
(b) SUBTOTAL of Unitemized Independent Exper	ditures			
				4 4 4
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo				

Schedule E)	INI EXI END	ITOTILO		PAGE 12 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Alice K Salazar			12	04 2014
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		56.70
Marshall	TX	75633		ID: d2ab34e2-847d-4115-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	554408.80	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Ana L Esquivel			12	04 / 2014
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		100.00
Carthage	TX	75633		D: 672e3cb5-7a43-4a20-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	554408.80	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			156.70
			7	7
(b) SUBTOTAL of Unitemized Independent Experi	nditures		· >	
(c) TOTAL Independent Expenditures)	1 1 7 1 1 7 1
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014

Schedule E)	INT EXI END	ITORES		PAGE 13 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee	<u></u>		Date of Publ	ic Distribution/Dissemination
Cathy Longtin			M 12	04 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		77.50
New Orleans	LA	70124		ID: d593c813-9820-44e6-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Cathy Longtin			12	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		24.90
New Orleans	LA	70124		D: bb8710aa-8811-43af-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-55	554408.80	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			102.40
				7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	7
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 06	2014
3. 3 				

Schedule E)	INT EXI END	TOTILO		PAGE 14 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Windy Hageman			Date of Pul	olic Distribution/Dissemination
Mailing Address 5521 Randolph St.			12 Amount	04 2014
City Marrero	State LA	Zip Code 70072		55.00 n ID : 9e2ca171-e49a-402d-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M 12	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	554408.80	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee Francis Richardson				blic Distribution/Dissemination
Mailing Address 220 Doucet Rd			12	04 2014
220 Boudot Nu			Amount	
City	State	Zip Code		30.00
Lafayette Purpose of Expenditure	LA	70503		ID: d1964787-90a4-435e-8 sbursement or Obligation
Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	554408.80	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expendit	ures		. •	85.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			7 1 7 1 7 1
()				7
(c) TOTAL Independent Expenditures)	7 1 7 1 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	
Signataro				

Sch	edule E)	EXI ENDI	TOTILO				PAGE 15 OF 42 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Cham	sk if X 24-hour report 48-hour report	New repo	aut Am	anda rana	rt filed on	M M	/ D D / Y Y Y Y Y
		New repo	ort Am	enas repo	rt filed on		
F	Full Name of Payee Francis Richardson				Dat	te of Public	c Distribution/Dissemination
N	Mailing Address 220 Doucet Rd				Am	ount	
	Dity	State	Zip Code		— F		1.95
	Lafayette	LA	70503				ID: dde4563f-850f-4ea0-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		12	04 / 2014
١	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	5	54408.80		Disbursem 2014	nent For: Other (sp	Primary
Г	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
Т	Heather Ainsworth					M M M	04 2014
1	Mailing Address 9685 Paula St				_		·
Т					Am	nount	
(City	State	Zip Code				120.00
	Keithville	LA	71047		Tra ı Da	nsaction Íl te of Disb	D : a06eb0b4-3434-4a03-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		12	04 2014
1	Name of Federal Candidate			Support	Office Sou	ught:	House District:00
L	Ms. Mary L Landrieu		X	Oppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	554408.80)	Disbursen 2014	nent For: Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				. ▶		121.95
(b) SUBTOTAL of Unitemized Independent Expenditure	res					
(с) TOTAL Independent Expenditures				•		
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its again.	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	12	/ 06	/ Y Y Y Y Y 2014
	Signature		_				

						FOR SE OF	FORM 24/48
NAME OF COMMI					FEC II	DENTIFICATIO	N NUMBER ▼
Women Spe	ak Out PAC				С	C00530766	
Check if X 24-ho	our report 48-hour i	report New repo	ort Amend	ls report filed o	on Man	/ D D /	Y = Y = Y
Full Name of F	ayee				Date of Publi	c Distribution/[Dissemination
Heather A					M M M	04	2014
Mailing Address	9685 Paula St				Amount		
City		State	Zip Code				44.40
Keithville		LA	71047			ID: 25c3c032- ursement or O	3c04-439d-a
Purpose of Exp Mileage	penditure		Category/ Type	002	12	04	2014
Name of Feder	al Candidate		Supp	port Office	Sought:	House D	District:00
Ms. Mary L La	ndrieu		У Орро			X Senate	State: LA
	/ear-To-Date on for Office Sought	5	54408.80	Disburs 2014	sement For: Other (sp	Primary Decify) ▶	K General
Full Name of F	Pavee	-				ic Distribution/[Dissemination
Jenny N B					Man	/ DISTRIBUTION/E	2014
Mailing Addres	S 1270 Lovelady Rd				Amount		
City		State	Zip Code				50.00
West Monroe		LA	71292			D: eabef49e-dursement or O	d4e-4270-a
Purpose of Ex Salary	penditure		Category/ Type	001	12 ^M	04	2014
Name of Fede	al Candidate		Supp	port Office	Sought:	House [District: 00
Ms. Mary L La	ndrieu		Х Орр	ose	President	X Senate	State: LA
	Year-To-Date on for Office Sought		554408.80	Disburs 2014	sement For: Other (s	Primary pecify) ▶	General
(a) SUBTOTAL	of Itemized Independent I	Expenditures		>	7		94.40
(b) SUBTOTAL	of Unitemized Independen	nt Expenditures		······			
(c) TOTAL Inde	pendent Expenditures			······ •	7	-7-	
with, or at the re		independent expenditures ny candidate or authorized ittee or its agent.					
Ms	Emily Buchanan	[Electroni	cally Filed]	Date 12	M / D D D 06	/ Y Y Y 2014	Y Y
Signature		-		54.0			

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OF

Schedule E)		ZIVI ZXI ZIVI			_	GE 17 OF 42 OR SE OF FORM 24/48
NAME OF COMMITTEE						TIFICATION NUMBER ▼
Women Speak (Out PAC					0530766
Check if X 24-hour re	port 48-hour report	New rep	ort Amends	report filed)
Full Name of Payee					Date of Public Di	stribution/Dissemination
Jenny N Brov					12	04 2014
Mailing Address ₁₂	70 Lovelady Rd				Amount	
City		State	Zip Code			13.50
West Monroe		LA	71292			d700c7bf-663b-4ab6-b ment or Obligation
Purpose of Expendit Mileage	ure		Category/ Type	002		04 / 2014
Name of Federal Ca	ındidate		Suppor	rt Office	Sought:	House District: 00
Ms. Mary L Landrieu	ı		X Oppose	е	President X	Senate State: LA
Calendar Year-1 Per Election for		, ,	554408.80	Disbu 2014	rsement For: Other (specif	Primary
Full Name of Payee					Date of Public D	stribution/Dissemination
Jennifer F Gilb	ert				12	04 2014
Mailing Address	80 McNeil Steep Hollow Ro	d .			ا لسا ا	2011
					Amount	
City		State	Zip Code			62.50
Carriere		MS	39426			nent or Obligation
Purpose of Expendi Salary	ture		Category/ Type	001	12	04 2014
Name of Federal Ca	andidate		Suppo	rt Office	Sought:	House District: 00
Ms. Mary L Landrieu	I		X Oppos	е	President X	Senate State: LA
Calendar Year- Per Election for		.,.,	554408.80	Disbu 2014	rsement For: Other (specif	Primary
(a) SUBTOTAL of Ite	mized Independent Expendent	ditures			7	76.00
(b) SUBTOTAL of U	nitemized Independent Exp	enditures		······ •		1 49 1 1 45 1
(c) TOTAL Independent	ent Expenditures			······ •	- 45	
with, or at the reques	ury I certify that the indep t or suggestion of, any car political party committee o	ndidate or authorized				
Ms. Emil	y Buchanan	[Electron	ically Filed]	Date 12	M / D D /	2014
Signature						

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y Y Y Y
T	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Jennifer F Gilbert		12 ^M	04	2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amour	nt		
ŀ	City State Zip Code				37.50
	Carriere MS 39426			n ID : 226997a0 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	М	12 ^M	04	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms Mary I Landriau	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	X General
	Full Name of Payee Gary W Fuhrmann		of Pub	olic Distribution	/Dissemination
	Mailing Address 9425 Jessica Drive	Amou	nt		
ŀ	City State Zip Code	10			65.00
	Shreveport LA 71106			ID: 15c82953- bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	М	12 ^M	04	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures				102.50
(b) SUBTOTAL of Unitemized Independent Expenditures			y	
(c) TOTAL Independent Expenditures	Ċ		7 7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 12	M /	06		4
	Signature				

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OF

Schedule E)	INT EXILID	ITOTILO		PAGE 19 OF 42 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Women Speak Out PAC			С	C00530766		
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Gary W Fuhrmann			Date of Publi	ic Distribution/Dissemination		
Mailing Address 9425 Jessica Drive			12	04 2014		
			Amount			
City	State	Zip Code		8.10		
Shreveport	LA	71106		ID: 8c2732a1-d616-480a-a ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	554408.80	Disbursement For: 2014 Other (s	Primary		
Full Name of Payee			Date of Publ	ic Distribution/Dissemination		
Ryan Drake			12	/ D D / Y Y Y Y Y O Y 2014		
Mailing Address 29637 Park St			Amount			
City	State	Zip Code		35.00		
Walker	LA	70785		D: de0a8f53-a52a-4c1f-a ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	12	04 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	554408.80	Disbursement For: 2014 Other (s	Primary X General pecify) ►		
(a) SUBTOTAL of Itemized Independent Expendit	ures			43.10		
			7	7		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7		
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014		
- 3						

Schedule E)	INT EXI END	ITOTIES		PAGE 20 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			M 12	04 / 2014
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		4.50
Walker	LA	70785		ID: 9d10f1e3-4670-4c8d-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	554408.80	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Lesley Lennox			12	04 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		20.00
Metairie	LA	70001		D: 003193f9-06ca-4fc7-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			24.50
			4	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014
•				

Metairie LA 70001 Transaction ID : b3f067e3-ea74-43f1. Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type 002 002 12 04 2014 Name of Federal Candidate Ms. Mary L Landrieu Support Office Sought: House District: Senate State: Disbursement For: Primary Ge President For: Primary Ge President For: Primary Ge President For: Primary Formary For	R▼
Check if	
Check if	V
Lesley Lennox Mailing Address 2305 Cleary Ave Amount City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Billy Martin Mailing Address 250 Js Brewton RD Category/ Type 002 Transaction ID: b3/1067e3-ear/4-43f1- Date of Disbursement or Obligation Pippose of Payee Billy Martin City State Zip Code Goldonna LA 71031 Transaction ID: 1d4/10a99-boaf-4487-t Date of Disbursement or Obligation Transaction ID: 1d4/10a99-boaf-4487-t Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Transaction ID: 1d4/10a99-boaf-4487-t Date of Disbursement or Obligation	
Mailing Address 2305 Cleary Ave City State Zip Code LA 70001 Purpose of Expenditure Mileage Category/ Type 002 Transaction ID: b3f067e3-ea74-43f1. Date of Disbursement or Obligation Purpose of Expenditure Ms. Mary L Landrieu Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Billy Martin City State Zip Code LA 71031 Transaction ID: b3f067e3-ea74-43f1. Date of Disbursement or Obligation Primary Senate State: Calendar Year-To-Date Per Election for Office Sought Date of Public Distribution/Disseminat Amount Transaction ID: 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation Transaction ID: 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Transaction ID: 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation	on
City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Category/ Mileage Support Name of Federal Candidate Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Billy Martin City State Zip Code Mailing Address 250 Js Brewton RD Amount Category/ Type 002 Transaction ID: b3f067e3-ear44-43f1- Date of Disbursement or Obligation President ★ Senate State: □ Primary ★ Ge 2014 Other (specify) ▶ Category/ Type 001 Transaction ID: 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation Transaction ID: 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation Mailing Address 250 Js Brewton RD Category/ Type 001 Mailing Address 250 Js Brewton RD Category/ Type 001 Mailing Address 250 Js Brewton RD Amount	Y
Metairie LA 70001 Transaction ID: b3f067e3-ea74-43f1. Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Billy Martin Disbursement For: Primary Ge 2014 Other (specify) ▶ Full Name of Payee Billy Martin City State Category/ Goldonna LA 71031 Transaction ID: 1d4f0a99-b0af-4f87-t Date of Disbursement or Obligation	
Metairie LA 70001 Transaction ID: b3f067e3-ea74-43f1. Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Billy Martin Disbursement For: Primary Ge 2014 Other (specify) ▶ Full Name of Payee Billy Martin City State Category/ Goldonna LA 71031 Transaction ID: 1d4f0a99-b0af-4f87-t Date of Disbursement or Obligation	.90
Purpose of Expenditure Mileage Name of Federal Candidate	
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Billy Martin Mailing Address 250 Js Brewton RD City State Zip Code Goldonna LA 71031 Transaction ID: 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation Transaction ID: 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation Category/ Type 001 Name of Forders Condictors	Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Billy Martin Mailing Address 250 Js Brewton RD City State Zip Code Goldonna LA 71031 Transaction ID: 1d4f0a99-b0af-4f87-bate of Disbursement or Obligation Purpose of Expenditure Salary Name of Foderal Condicts Category/ Type Oppose President Senate State: Disbursement For: Primary Category/ Date of Public Distribution/Disseminat Date of Public Distribution/Disseminat Transaction ID: 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation Category/ Type Out Transaction ID: 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation	00
Per Election for Office Sought Full Name of Payee Billy Martin Mailing Address 250 Js Brewton RD City State Zip Code Goldonna LA 71031 Purpose of Expenditure Salary Category/ Type Other (specify) Date of Public Distribution/Disseminat Amount Transaction ID : 1d4f0a99-b0af-4f87-E Date of Disbursement or Obligation Category/ Type Outher (specify) Category/ Type Outher (specify) Category/ Type Outher (specify) Date of Public Distribution/Disseminat To 4 2014	_A
Full Name of Payee Billy Martin Mailing Address 250 Js Brewton RD City State Zip Code Goldonna LA 71031 Purpose of Expenditure Salary Date of Public Distribution/Disseminate Amount Transaction ID : 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation Mailing Address 250 Js Brewton RD Amount Transaction ID : 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation Mailing Address 250 Js Brewton RD Amount Transaction ID : 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation	neral
Mailing Address 250 Js Brewton RD City State Zip Code Goldonna LA 71031 Transaction ID: 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Enderel Candidate	
City State Zip Code Goldonna LA 71031 Purpose of Expenditure Salary Category/ Type 001 Transaction ID: 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation	Y
Goldonna LA 71031 Transaction ID: 1d4f0a99-b0af-4f87-b Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 12 04 2014	
Purpose of Expenditure Salary Date of Disbursement or Obligation Category/ Type Out 12 Out 12 Out 12 Out 12 Out 12 Out 12 Out 13 Out 14 Out 15 Out 16 Out 17 Out 17 Out 18 Out 19 O	0
Purpose of Expenditure Salary Category/ Type 001 12 04 2014	
Name of Federal Candidate Support Office Sought: House District:	Y
·· ·· · · · · · · · · · · · · · · ·	00
Ms. Mary L Landrieu	_A
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or corwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12 06 2014	
Signature	

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OF

	Tieddie E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Billy Martin	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 250 Js Brewton RD	Amount
ŀ	City State Zip Code	4.20
	Goldonna LA 71031	Transaction ID: 52754227-167d-4ff9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	12
ľ	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	Primary General
ŀ		Other (specify)
	Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination
	Mailing Address 4106 Martha St	12 04 2014 Amount
ŀ	City State Zip Code	90.00
	Shreveport LA 71109	Transaction ID: 4178f869-2531-4440-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
		orsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	94.20
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	2 06 2014
	Signature	

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Felicia A Jones	M	12 ^M	04	2014
	Mailing Address 4106 Martha St	Amou	nt		
ŀ	City State Zip Code				11.40
	Shreveport LA 71109			n ID : cccf8781 bursement or 0	-e8ee-4437-a
	Purpose of Expenditure Mileage Category/ Type 002		12 ^M	04	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Me Mary Llandrigu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	General
ľ	Full Name of Payee Christopher L Gilbert		of Pub	olic Distribution	/Dissemination
ŀ	Mailing Address 55 Lovell Johnson Rd	L	12	04	2014
١		Amou	i it		
ľ	City State Zip Code	1:			102.50
				ID: 0e23dddd bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	M	12 ^M	04	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			- 1 - 3-	113.90
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			7	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 12	M / 2	06		4
	Signature				

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Christopher L Gilbert	12 04 2014
	Mailing Address 55 Lovell Johnson Rd	Amount
	City State Zip Code	53.40
	Picayune MS 39466	Transaction ID : 50014048-b48c-4848-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	12
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	554400.00	ursement For: Primary X General
	Per Election for Office Sought 554408.80 2014	Other (specify) ▶
	Full Name of Payee Donna S Wilson	Date of Public Distribution/Dissemination
	Mailing Address 4456 Country Hill Dr	12 04 2014
	Mailing Address 4456 Country Hill Dr	Amount
	City State Zip Code	20.00
	Baton Rouge LA 70816	Transaction ID : 5a74c8e4-b28a-42ab-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	73.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	12 06 2014
	Signature	
_		

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OF

Schedule E)	LIVI EXI END	ITOTILO		PAGE 25 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Donna S Wilson			12	04 / 2014
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		6.60
Baton Rouge	LA	70816		D: a1837b2a-dc0a-4a62-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Evelyn Lesaicherre			12 /	04 2014
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code		80.00
Metairie	LA	70001		: 656225a3-a25c-4ea7-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	554408.80	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			86.60
				7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	4 4
(c) TOTAL Independent Expenditures)	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014

Schedule E)	NI EXI END	TIONES		PAGE 26 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Evelyn Lesaicherre			Date of Publ	ic Distribution/Dissemination
Mailing Address 629 Radiance Ave			12 Amount	04 2014
City Metairie	State LA	Zip Code 70001		8.40 ID: 4e46e7e0-a98f-4a66-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disc.	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Ę	554408.80	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee ERIC TABARY			M = M	lic Distribution/Dissemination
Mailing Address 6101 NORA ST			12 Amount	04 2014
City	State	Zip Code		60.00
METAIRIE	LA	70003		ID: b6359572-2066-451c-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12 ^M	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	554408.80	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	68.40
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(a) TOTAL ladenendent Evranditures				7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014
olynature				

Schedule E)	LIVI EXI EIVE	ITOTIES		PAGE 27 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
ERIC TABARY			M M 12	04 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		4.20
METAIRIE	LA	70003		ID: 473fc8f7-8fd5-460b-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (s	Primary
Full Name of Payee	<u> </u>		Date of Pub	lic Distribution/Dissemination
Corey S McKnight			M M M	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1510 Bailey St			Amount	
City	State	Zip Code		35.00
West Monroe	LA	71292		ID: 2fbf61fb-b8d3-49ce-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		. •	39.20
				7 1 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		• •	7 7
(c) TOTAL Independent Expenditures			•	292
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 06	2014
-				

	,	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Hilary Townsend	12 04 2014
	Mailing Address 4506 US Hwy 79 North	Amount
ŀ	City State Zip Code	100.00
	Deberry TX 75639	Transaction ID: 75b34533-56db-42a6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12 / 04 / 2014
İ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee Maegan E McDaniel Mailing Address 3009 Skelly St	Date of Public Distribution/Dissemination
		Amount
	City State Zip Code	110.00
		Transaction ID : 676b2e6f-bfad-4656-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12 / D D / Y Y Y Y Y Y 2014
ľ	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	210.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	2 06 2014
	Oignature	

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Sch	nedule E)		II OILEO		PAGE 29 OF 42 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	X New rep	oort Amends repo	ort filed on	= M / D = D / Y = Y = Y
T	Full Name of Payee			Date	of Public Distribution/Dissemination
	Maegan E McDaniel				12 04 2014
	Mailing Address 3009 Skelly St			Amou	nt
(City	State	Zip Code		12.60
╙	Shreveport	LA	71107		action ID: 0593e4c3-194a-4df6-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	TV.	12 04 7 2014
1	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	5	554408.80	Disbursemen 2014 O	t For: Primary
Г	Full Name of Payee			Date	of Public Distribution/Dissemination
	Taylor De Julian-Hernandez			T.	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 284 Cr 1401				12 04 2014
	204 OF 140 I			Amou	nt
	City	State	Zip Code		100.00
	Carthage	TX	75633		oction ID : 8e041da3-ede5-4e44-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		12 04 7 2014
Ī	Name of Federal Candidate		Support	Office Sough	it: House District: 00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursemer 2014 C	nt For:
(a	SUBTOTAL of Itemized Independent Expend	itures		· ·	112.60
(b	o) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	7 1 7 1 7
(c	e) TOTAL Independent Expenditures			•	7
wi	nder penalty of perjury I certify that the indepe ith, or at the request or suggestion of, any can- arty committee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	12	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	LIVI EXI END	ITOTIES		PAGE 30 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Taylor De Julian-Hernandez			M = M /	Distribution/Dissemination
Mailing Address 284 Cr 1401			12 Amount	04 2014
City	State	Zip Code		55.50
Carthage	TX	75633		33.30 3 : 1046072a-e375-4e87-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, ,	554408.80	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Bobbie M Steinsholt			M = M /	Distribution/Dissemination
Mailing Address 3009 Skelly St			12 Amount	04 2014
City	State	Zip Code		110.00
Shreveport	LA	71107		: 50c070c1-815e-4243-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	554408.80	Disbursement For: 2014 Other (spe	Primary Seneral
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	165.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
4			4	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 06	2014
Signature				

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	ck if X 24-hour report 48-hour report X New report X Amends report filed X	on Mam / Dab / Yayayay
		Date of Public Distribution/Dissemination
	Michael Vidrine	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 1103 West Wilson Street	Amount
	City State Zip Code	60.00
		Transaction ID: de20b66b-64cb-4d1c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12
1	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disburg 2014	sement For: Primary ☐ General Other (specify) ▶
	Full Name of Payee Michael Vidrine Mailing Address 1103 West Wilson Street	Date of Public Distribution/Dissemination 12 04 2014
Ι΄	Mailing Address 1103 West Wilson Street	Amount
(City State Zip Code	33.90
		Transaction ID: c85b8fc1-ed57-4d4c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	12 / 04 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	93.90
(b	substotal of Unitemized Independent Expenditures	
(c	r) TOTAL Independent Expenditures	1171171171
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not made th, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Magnetic Signature	M / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		

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Sc	hedule E)	11 =/(1 = (1 =)	1101120		PAGE 32 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	M
T	Full Name of Payee Christopher Marquess				of Public Distribution/Dissemination
-	Mailing Address 110 W Pecan St			Amou	12 04 2014 nt
ŀ	City	State	Zip Code	$ \Gamma$	55.00
	Ville Platte	LA	70586		saction ID : 00d4fbab-fa14-4b63-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		12 04 7 2014
ı	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursemen 2014 O	other (specify) ▶
	Full Name of Payee Christopher Marquess				of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St			Amou	
ľ	City	State	Zip Code		36.60
	Ville Platte	LA	70586		action ID: a9029056-dd29-48ce-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		12 / 04 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
-	Ms. Mary L Landrieu		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	554408.80	Disbursemer 2014 C	nt For:
((a) SUBTOTAL of Itemized Independent Expenditure	'es			91.60
((b) SUBTOTAL of Unitemized Independent Expendi	itures		· •	
((c) TOTAL Independent Expenditures			· ·	
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidates carry committee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	06 2014
	Signature				

Schedule E)	INT EXI END	TTOTILO	—	PAGE 33 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Carl Brent			M 12 /	04 / 2014
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70126	I	: d5247714-c940-4533-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	554408.80	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Carl Brent			12 /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		34.20
New Orleans	LA	70126		: 600e6565-6109-4317-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-55	554408.80	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			114.20
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures)	79. 1 75. 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 / 06	2014
- 3				

Schedule E)	ENT EXICIO	TOTILO		PAGE 34 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz			M	
Mailing Address 9685 Paula St			Amount	04 2014
City	State	Zip Code		60.00
Keithville	LA	71047		ion ID : 376deed2-c61c-48d8-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Jessica R Resendiz			M 12	
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		16.80
Keithville	LA	71047		on ID: d6331895-5278-4b95-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	^M 12	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554408.80	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	76.80
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· -	
				4
(c) TOTAL Independent Expenditures			· • • • • • • • • • • • • • • • • • • •	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		06 2014
Signaturo				

Sch	edule E)	L/(1 L.(12)	101123		PAGE 35 OF 42 FOR SE OF FORM 24/48	
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	—
Wo	omen Speak Out PAC				C C00530766	
Chec	ek if X 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	Υ
	Full Name of Payee Philip Elkins				of Public Distribution/Dissemination	
N	Mailing Address 227 Lincoln Dr			Amou	12 04 2014 unt	_
C	Dity S	State	Zip Code		70.00	,
E	Bossier City	LA	71111		saction ID : 2cd19e83-7310-415d-9 of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001		M 1M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
N	Name of Federal Candidate		Support	Office Sough	ht: House District: 00	
N	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	5	554408.80	Disbursemer 2014	nt For:	al .
	Full Name of Payee Philip Elkins				of Public Distribution/Dissemination	
N	Mailing Address 227 Lincoln Dr			Amou	12 04 2014 unt	_
	Dity	State	Zip Code		12.69	
_	Bossier City	LA	71111		action ID: df3f43a7-e8c1-4cbd-8 of Disbursement or Obligation	_
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	12 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
N	Name of Federal Candidate		Support	Office Sough	ht: House District: 00	
ľ	Ms. Mary L Landrieu		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursemer 2014	nt For:	ral
(a)) SUBTOTAL of Itemized Independent Expenditures.			•	82.69	
(b)) SUBTOTAL of Unitemized Independent Expenditure	əs		-	141141141	
(c)) TOTAL Independent Expenditures			·· •	1 7 1 1 7 1 7 1	
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12	06 / 2014	
	Signature					

Schedule E)	ENT EXILID	TTOTILO		PAGE 36 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Zachary Vidrine			12	04 / 2014
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		70.00
Ville Platte	LA	70586		D : 4b53a93d-08d6-4b86-a rement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u></u>
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Zachary Vidrine			12	04 / 2014
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		20.70
Ville Platte	LA	70586		: 3bce39b8-3759-4179-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			90.70
				7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 / 06	2014
J				

Schedule E)	ENT EXILID	ITOTILO		PAGE 37 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Elvis Spears			M 12 /	04 / 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70119		: 812a8d8b-feae-47a7-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	554408.80	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Elvis Spears			12	04 / 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		16.80
New Orleans	LA	70119		: f45efc22-a3e2-4318-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554408.80	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures			96.80
			7	
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		· •	
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014
•				

Schedule	E)				PAGE 38 OF 42 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Nan	ne of Payee			Date	of Public Distribution/Dissemination
Hann	ah J Landry			N	12
Mailing /	Address 1110 N Coolidge			Amou	nt
City		State	Zip Code		30.00
Gonzale		LA	70737		saction ID : d7483c15-0ed2-4e6e-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		12 04 7 2014
Name of	f Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mai	ry L Landrieu		Oppose	Preside	
	endar Year-To-Date Election for Office Sought	, ,	554408.80	Disbursemen 2014	nt For:
Full Nar	ne of Payee			Date	of Public Distribution/Dissemination
Hann	ah J Landry				M M / D D / Y Y Y Y
Mailing	Address 4440 N. Caplidas			L	12 04 2014
	Address 1110 N Coolidge			Amou	ınt
City		State	Zip Code		27.60
Gonzal		LA	70737	Transa Date	action ID: b05e834a-7c99-4bb5-a of Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002		12 / 04 / 2014
Name o	f Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Presid	
	endar Year-To-Date r Election for Office Sought	7	554408.80	Disbursemer 2014	nt For:
(-) OUT	FOTAL of Benefit and Inc.				
(a) SUBT	FOTAL of Itemized Independent Expendite	ures			57.60
(b) SUBT	FOTAL of Unitemized Independent Expen	ditures		· •	7 1 7 1 7
(c) TOTA	L Independent Expenditures			· •	7 1 7 1 7 1
with, or a	nalty of perjury I certify that the indepent the request or suggestion of, any candinanittee) any political party committee or it	date or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12	06
Signat	ure		_		

Schedule E)	INT EXI END	ITOTILO	F	PAGE 39 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	:00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			M M /	04 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		20.00
Gonzales	LA	70737	I	: 791901ad-7ac1-4f2e-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		554408.80	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			12	04 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		18.39
Gonzales	LA	70737		: 279b64d2-64f3-4294-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-55	554408.80	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			38.39
			-	7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014
•				

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y = Y = Y
T	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination
	Brogan A Benoit	M	12 ^M	04	2014
	Mailing Address 7144 South River Rd	Amou	nt		
ŀ	City State Zip Code				60.00
	Addis LA 70710			ID: dfa12b92 oursement or (
	Purpose of Expenditure Salary Category/ Type 001		12 ^M	04	^Y 2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	irsemen		Primary specify) ▶	General
ŀ	Full Name of Payee				/Dissemination
	Brogan A Benoit	_	12	/ DID /	2014
	Mailing Address 7144 South River Rd	Amou		04	2014
	City State Zip Code				9.90
	Addis LA 70710			ID : aaf5649e- bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002		12 ^M	04	2014
	Name of Federal Candidate Support Office	Sough	nt:	House	District: 00
		Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures			7	69.90
((b) SUBTOTAL of Unitemized Independent Expenditures		-		
	(c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date		06	D / Y Y 201	Y Y 14
	Signature				

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OF

Schedule E)	IVI EXI END	ITOTILO		PAGE 41 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Debra Lindsey			M M M	04 / 2014
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		80.00
Slidell	LA	70461		ID: 3898f963-86d4-45ad-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	554408.80	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Debra Lindsey			12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		17.10
Slidell	LA	70461		ID: cea61853-d00d-431d-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	554408.80	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			97.10
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 06	2014

Schedule E)	PAGE 42 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee Joshua E Sherman	Date of Public Distribution/Dissemination
Mailing Address 119 Goldenwood Dr	12 / 04 / 2014
Tig Goldenwood Dr	Amount
City State Zip Code	80.00
Slidell LA 70461	Transaction ID : f51af156-ab2e-4b72-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	12 / 04 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554408.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	Mam / Dad / Yayayay
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	> 3693.53
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	e 12 06 2014
Signature	